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Addresses.*

OSLER AS A BIBLIOPHILE.

BY EDWARD C. STREETER, M.D., BOSTON.

IN attempting to take a level of the affections of Dr. Osler we will doubtless find that next to the love of men with him came love of books. Throughout his life he revealed the most amazingly vital concern for both—viewing with an equal eye the achievements of the past, and the promise of things of incomparable value and worth in the living present. A measure of the charm which he exerted over living men came from his converse with the dead. He strove mightily to reconcile the prodigals of the present with the forgiving Fathers of medicine—to turn them from husks to their former meat and the paternal blessing. In him the love of good books was a flame, never idle, as in those who have only a vain and prodigal humor for this sort of furniture, never idle for a moment, but was used as a Promethean torch to reillumine the light of old authors, in present danger of failing and passing out. A conflict between the past and the present was inconceivable to him. All that is, is Greek; or, at least, all that is, is derived. This is the ultimate irreducible

reality. Acting on this conviction, "without fraud, cozen or delay," he happily brought every student with whom he came in touch into a proper system of relations with the achieving minds, the heroic inquiring spirits of past ages. Early in his course as teacher he faced this august relationship squarely. He became, like Boerhaave, one of the greatest exemplars of the historical method of medical teaching that ever has been. In establishing this method in America he did the impossible, for this is an unending, laborious method, little suited to the genius of our people.

Osler had an instinct for revival and the renewal of grace and force in everything that he touched. His range in ordering the topics discussed in the Book and Journal Club was wide indeed—Assyrian Medicine down to the last faintest foot-falls on Cathedral Street. He transmuted and touched to higher issues the choice estrays of medicine, recalled forgotten worthies like Richard Morton and Dover, and regrouped and shrewdly rearranged some of the figures in the old medical hierarchy. He re-invested all his favored ones with historic reality, launched them from his humanity as genuine forces in the world of science, no longer lying in bonds in the imagination of the studious, merely, but redelivered, given voice again in the land of the living. He shared

* Delivered at a memorial meeting for Dr. Osler held by the Harvard Medical Society, January 20, 1920.

Browning's power, "the life in him abolished the death in things." Servetus reasserted himself through him; Linaere, Fraecastorius, Leoniceus and the entire group of humanists, all the master spirits of medicine, Vesalius, Harvey, Hunter, reapareled, "bright-harnessed and in order serviceable." Here was a new way to pay old debts, on a convivial plan, by adopting your creditor, giving him tenant-rights in the very house of life in which you live.

Every English-speaking worker in the medical sciences today has been, in a sense, a student of William Osler, so much so that it will appear the height of folly to attempt to calculate the good which will ultimately come from his revival of the historical method. Neglect of the sources was to him unspeakably shocking. "The beggarly recognition or base indifference" meted out to the men whose minds have fertilized science in every direction in times past, touched him to the quick as an act of ingratitude. Last year in May he shamed the "Greats" in Oxford on this score, using the old clarion tones which he had used with students in Baltimore. He brought the world to book—to a realizing sense of the evolutionary process behind all the swift revolutions of medical doctrine. An evolutionist can no more neglect sources, the original texts and documents relating to discoveries and advances in the science and art of medicine, than a just and loyal soul made perfect could reject the fathers of his fathers. Osler's school deals with the Founders in a spirit of gratitude and loyalty; but only "one whose best friends have been the old humanists," like himself, could link arms and walk away thus familiarly with departed heroes. How tenderly they requited him, their Daysman, we know from his blithe whimsical account of such walks with the great. He speaks of them quite simply—as though he had but walked down Monument Street with President Gilman or Dr. Kelly. Sir William's acquaintance with the medical classics extended over fifty years; in that time he had come to know every primary contribution; every precious accent in the rich and varied utterance.

A "doctor sine libris," such as old Fuller describes, was anomalous indeed; a Caliban in the eyes of this Prospero. "Books are tools, doctors are craftsmen," insisted Osler. "A

physician who does not need a library sinks to the level of a cross-counter prescriber." "To study the phenomena of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all." Such was his attitude toward texts in general, the ordinary hand-apparatus of the practitioner, and the vast, limitless library of modern contributions, current accumulations, which he publicly aided so many centres to amass and privately aided so many students to use. "Only a maker of books can appreciate the labors of others at their true value." On the same occasion on which Osler said this (the dedication of the Boston Medical Library), he also said, "I should like to see in each library a select company of Immortals set apart for special adoration." In fact this short address on "Books and Men" is the key speech of his campaign to quicken the study of the classics of medicine. His devotion to this alcove in our libraries was intense enough to have satisfied the quaint author of the "Philobiblion." Osler's high pleadings for the "Princes of the blood," the books born within the purple, are singularly happy products of his mind. "Nay, they do preserve as in a vial," as Milton would say, "the purest efficacy and extraction of that living intellect that bred them." Here he was the marrow of persuasion, as fresh and clear, as witty and winning, as Holmes at his best.

Nor were conditions in this country adverse or hopeless in respect to the gentle art of book-collecting when Osler first came among us. Chadwick, Holmes, Hunt, Treadwell, Bowditch, and others in New England were well launched in this library movement, while in the southern tier of states were Gross, Lewis, Weir Mitchell, Kelly, Keen, Jacobs; in New York, Jacobi and Pileher. Mightiest book hunter of all was Billings at the head of our National Medical Library, the Surgeon-General's of today.

Many of these men had amassed great store of *rarissimi* and choicest examples of the medical classics, even before Osler made his first tour of study to Boston in 1876. Dr. Kelly says that when he first met Osler in Philadelphia "He stayed to dine in Norris Square, and was particularly interested in my collection of old medical books." What a zest and high appetite for the written record of great minds in

all ages was in his guest, not even Dr. Kelly could have pointed out that night. It was quite impossible that anyone who had the tincture of old letters in him, could fail to share Osler's enthusiasm, his inveterate and almost dangerous exaltation in the presence of rare volumes. He had Petrarch's reverence for great books. He loved to see them in reverent hands, in fair estate and comely, yet he loved the "ragged veterans" as well as Lamb did.

The range of his taste at this period, like the breadth of his learning, was astounding. He could say with his mentor, Sir Thomas Browne, "I am of a constitution so general, that it consorts and sympathizeth with all things." His province as a collector lay somewhere between the early manuscript period and the literature on anesthesia—an illimitable expanse—but his day was by no means at the meridian when he began to beat its bounds. He soon laid Europe under tribute. From Poland and Spain and the boot of Italy, and little-searched corners, unknown to those who tramp the main-travelled ways of bookdom, Sir William received his corded bales of Gothic, Bastard, and Black letter with mysterious regularity. At the same time that he thus eluded the German booksellers, who had cornered the old book market abroad, he let them know his "desiderata," as though it went against the grain to keep his peculiar wants from them. The result was that he often bought of Baer, the Rosenthals, Halle, and Hiersemann, as well as from Rahir, Voynich, and Olschki. He knew them all, even snuffy old Symmes, the expatriated Englishman, whose cramped *boutique*, Rue des Beaux Arts in Paris yielded him material undiscoverable to other eyes than his. Needless to say that he maintained close relations with all the London and Provincial booksellers. These connections were not made for the supplying of his own needs purely. By these means he largely catered to the lean and hungry medical libraries of our country. His gifts to them are past numbering. Fortunately, no recording angel keeps account of the wicked prices men pay for the books which they give to libraries or necessitous scholars, and to their friends. Acquisition for selfish ends is another matter—outraged spirits in heaven keep a double-entry going against such bibliomaniaes, for the heavens are set against hoarding. "*Non mihi sed aliis*," not for me but for use of others, might

have been etched upon Osler's book-plate—it was Savigny's devise but it fits Sir William. And I fancy that the man who had care, up to the outbreak of the war, of Sir William's library at Norham Gardens, Oxford, had all that he could do in just keeping the books together, for the owner had a habit of allocating his best possessions where they could be best used, on the principle that books belong to those who prize them most. You would say that a general thaw and dissolution of his library was in process, but no, quite the reverse. Through this kind of loss comes increase.

His collection of the works of the Founders of British medicine had "reached a large degree of perfection" in 1901, and in the Franklin Street house in Baltimore were richest stores of source-books, association books and classics, Greek and Latin—waiting for the evaluation which the Chief would put upon them Saturday evening. But this library was a modest one, we are told, when compared with the one that he gathered around him after his removal to Oxford.

His old Baltimore pupils and friends, returning home from the pilgrimage to No. 13 Norham Gardens, told strange tales of wondrous new accessions to thronged shelves. The library, grown too great for the lower floors, had mounted the groaning stairs and bid fair to have the run of the rooms above. Books everywhere, invading all the premises. So much for the mass, which, after all, need not detain us, for Queens, All Souls, and Christs are near by, and the Tarpeian mass of books in the Bodley, fifteen hundred thousand of them, is a silencer in this matter. As for quality, there were items, a number of them, in Sir William's collection, aside from his manuscripts, which would make Pollard or Nicholson catch their breath—editions not to be found in the Bodleian or British Museum—and when we've said that, we've said all as to the rarity of a printed volume. But behind all the particular excellencies and fascinating bays and sub-divisions in this particular library, is that ever fresh, radiant, sustained conception, the great plan, fundamentally adhered to throughout half a century of collecting, on which the master's library was formed. To contrive to bring together under one roof-tree the whole array of creators, interpreters, and transmitters of the medical and physical sciences, represented in

first editions, is an enormous undertaking. Expand this plan to embrace the idea of the inter-relation of all the sciences and then again expand it to a decorous and necessary purview of all philosophy, history, and the humanities, insofar as, for spiritual purposes, they are seen to be working with a common aim with the sciences, and we have reached a point with Osler from which to view the pregnant sources of the old order from which issue the new. Nothing short of these Pisgah-sights would quite satisfy him. We have the prediction from one who knows, that we will never cease to admire the noble plan on which this library was predetermined and consciously formed. Indeed, one of the unique monuments in the field of medical bibliography will be Sir William's catalogue raisonné of his library. This, if we are privileged to see it in print at some future time, will far surpass anything else of the kind. Sir William had been working on this for some time, and despite a thousand interruptions, portions of it were complete at the time of his death. He had already issued that part which relates to his vast collection on anesthesia, in the Proceedings of the Royal Society. Carried out in that manner, the remaining sections of his catalogue "would have been the most attractive and informing contributions ever made to medical bibliography, bar none." Most bibliographers have, in a supreme degree, "the gift of infrigidation," if I may use a quotation made by him in a recent address in the Bodleian. Only by a big human touch, an all-embracing sympathy, can a mere census of books stir even the modern caddice-worm at work in a library. We can well imagine that Osler's catalogue of his beloved books will be a new revelation, in rich and novel form, of his great humanizing aims and universal sympathies.

OSLER AS HIS STUDENTS KNEW HIM.

By JOSEPH H. PRATT, M.D., BOSTON.

Most men held in popular estimation are greatest at a distance, but Sir William Osler was one of those rare spirits who are found to grow in greatness the nearer they are approached. No medical man ever received more tributes of affection and regard from his professional brethren during his lifetime than did Dr. Osler and certainly the death of none was

ever mourned so sincerely by such a host of friends. He was a many sided man with many ties and affiliations. In him the medical profession in Canada, in the United States and in Great Britain has a common bond.

When he left Montreal for Philadelphia he was only thirty-five, but he was held in such affectionate remembrance by the teachers and students of McGill that his first door plate was obtained and placed among other treasures in the college building. He went to Philadelphia a stranger, but to alter slightly the words of S. Weir Mitchell's poem, he found there a second home, and in the practice of life's happiest art, he little guessed how readily he won the added friendship of an open heart.

When he went to England to become Regius Professor of Medicine at Oxford he left behind him a "continent of friends". Five hundred medical men from all parts of the country gathered at Delmonico's to sit with him at a farewell dinner.

He was at Johns Hopkins when that hospital was opened, then the medical wonder of the New World, and studied the first patient admitted to the wards. Here he developed one of the best medical clinics in existence and introduced far better methods of practical instruction than the German clinics afforded, for up to that time first-class clinics in the modern sense were found only in Germany. He was thirty-nine years old when he went to Baltimore and here came to full fruition the seed that had been planted in his fertile brain during the previous twenty years. In 1892 he published the first edition of that text-book which has been ever since the standard work of medical practice. Eagerly he must have awaited that first class of undergraduate students in the fall of 1905. For six years he had had to content himself with what he called the "dry husks" of graduate teaching.

The picture of Osler as he appeared to a student of the early years has been faithfully drawn by Thomas R. Brown, a member of the pioneer class at the Johns Hopkins Medical School. That was as he says a truly golden age to those whose good fortune it was to belong to one of the early classes that received inspiration and instruction for mind, heart and soul from this great teacher. Dr. Osler made his class feel that he was a fellow student; or as he himself styles it in one of his essays "a

student teacher"; simply a leader in the search for truth in the open book of nature. He had a keen enthusiasm for new knowledge and had preserved in a remarkable degree the freshness of youth. His attitude to his students was the same then as it was many years before when he said in an introductory lecture at McGill, "You come now into the society not of mere professors, who will lecture at you from a distance, but of men who are anxious for your welfare, who will sympathize with your difficulties and also bear with your weakness". ***** "Look upon us as elder brothers to whom you can come confidently and fearlessly for advice in any trouble or difficulty".

At Baltimore in addition to the weekly amphitheatre clinic he gave bedside talks in the wards and observation clinics, as he termed them, in a small class room attached to the dispensary.

These observation clinics were delightfully informal and in no other place did his great ability as a teacher show to better advantage. Here the junior students, the infants, as he called them, came under the spell of his wonderful personality.

He was of medium size, but well built and graceful in his movements. His complexion was sallow, almost olive hued, possibly an inheritance from Celtic ancestors. His eyes were luminous and searching, but often twinkled merrily. He wore a rather heavy drooping moustache which partly concealed a strong mouth. A study of his photographs show that his expression in repose became more genial as he grew older. In his earlier pictures his face is rather stern. He himself said that sobriety was reflected in his fascies. His hands and wrists were unusually well formed and how effective and characteristic were the gestures he made with them!

In the clinics he spoke often of men and books, especially old books, the medical classics. As he had a wonderful sense of proportion, of the part to the whole task in hand, he would simply throw out suggestions in a few words, but they made a deep impression on his students. In looking over my note books I find that at his very first meeting with our class he spoke of Skoda's Physical Diagnosis, and said it was a good book to pick up in old book stores, and remarked that an Auenbrugger was very difficult to obtain. Copies of Laennec in English

he told us could be found without difficulty. He had a wonderful gift in his ability to bring out of the shadowy past men who had done things in medicine and of changing, as if by magic, unfamiliar names into real persons who excited interest and admiration. Probably it was not later than the first week of our course that we were thus introduced to William Heberden, the English Celsus, and told to read his commentaries, to look him up in the Index Catalogue, and that Buller wrote his life.

Dr. Osler was "a specialized generalist and a generalized specialist" in medicine, to quote his own designation of Jonathan Hutchinson. No matter what disease was the subject of demonstration and discussion he showed such familiarity with it and such enthusiasm, as well as an ability to give a concise statement of practically all that was to be gleaned from the literature, with titles and names of important papers, that it seemed as if this was the one disease that had interested him most. At the next dispensary clinic another and totally different disease would by chance be found and regarding this his knowledge and his interest would be equally great; and so through the year, until it seemed that all diseases were his specialty.

In examining patients he emphasized inspection above all the other physical methods. I think he liked it best, and it is true that he could often make a diagnosis at a glance, although he of all men abhorred a snap diagnosis. He had a thorough knowledge of skin diseases and studied with great care scores of cases of erythema and purpura. He dictated careful notes on the important features of a case.

He always was most punctual. In the early summer he would begin ward rounds at 8 A.M. and was often in the wards before the students arrived and sometimes before the house staff. Most of the two hours' visit would be devoted to two or three cases—rarely more than four.

His ward talks were more logical and better planned than most amphitheatre clinics. Nothing was allowed to interrupt him. A distinguished colleague from another city might enter the ward and join the group about the bed, but there was only a nod or smile of welcome, no break in the talk or examination. The visit to the ward finished, he would seize the visitor's

arm and give his attention completely to his guest.

There was a quiet dignity about him that held a certain type of familiarity in check. One day as the class was leaving the ward a patient in a bed near the door called out, "Good morning, Doc." Doctor Osler made no comment then, but when the corridor was reached and we were out of the man's hearing, he stopped and turned to the students and said, "Beware of the men that call you Doc. They rarely pay their bills."

Of his kindness to students much might be said. He had a warm interest in them all, even when they were unknown to him personally. I remember well my first meeting with him. It was before I had begun clinical studies. One afternoon during vacation I was reading in the Library of the Medico-Chirurgical Faculty. There was no one in the room except the librarian and myself. Dr. Osler entered and spent a little while looking over the new journals. After chatting a minute with the librarian he left, but before doing so he came over to where I was reading and spoke a few words to me; no joke, no epigram, words from him unusually commonplace, but the fact that this great man showed by his manner and act a kindly interest in a strange student made a deep impresson on me and warmed my heart.

Before the day of the famous Saturday evening conferences around the big table in the Oslers' dining room which Boggs has so well described, it was Dr. Osler's custom to invite some of the fourth year students to dinner, two at a time. I went with my classmate Schenck. Being so familiar with two of his earlier essays that I knew them almost word for word, I thought he would probably talk as he wrote of Sir Thomas Browne, Plato, and other immortals, who were not of my ken, and I felt ill at ease at the conversational prospect.

He had the happy faculty of putting everyone at his ease instantly. I can see now in my mind's eye, as clearly as if it were yesterday, his entrance to the room. He came quietly, but with a gay air and humming a tuneless tune, his hand outstretched. There were no conventional words of greeting, but an inquiry: "Schenck, what is the name of that pretty nurse who is looking after your patients in Ward F?" There was a common ground of interest after all and my fears were at once dispelled.

Unlike Homer, Dr. Osler was never caught nodding. He lived in the present with all his faculties alert and fixed on the matter at hand. His mind never wandered although he could do two or more things at the same time. When he walked down the street he saw everything in it although he might be engaged in an interesting talk with a companion all the while.

The hospitality extended at his home in Baltimore and later in Oxford was boundless. As Dr. Thayer has said, his wife had a heart as big as his own and made their tea table a mecca. Mrs. Osler never knew how many men he would bring home for luncheon. It might be only two or it might be six. One of the townspeople, amazed at the quantity of food she bought at the market, thought she must be ordering for a hotel.

Living entirely in the present, he was able to preserve his serenity of mind in a way that was most unusual. I chanced to be in Baltimore on the day he left the home at 1 West Franklin Street for the last time and he invited me to tea. The house was largely dismantled.

Packing cases stood in the living room. In a small room in the rear of the house tea was served. Although a carriage was waiting at the door to take him to the station there was no sign of haste and he talked gaily and interestingly with no apparent thought of the morrow and of the sad fact that he was leaving that home of a thousand delightful memories never to return.

He appreciated the virtue of equanimity and selected it as the title for his first volume of collected essays. He showed the worth of his doctrine even more eloquently in his life than in his words. When his humorous reference to chloroform was so heartlessly misrepresented by the press of the country that he became the target for general abuse he did not lose his equanimity or imperturbability. Even those in his own household did not know at the time how keenly he felt it. About two weeks after the delivery of the address that made his name known to everybody that read a newspaper he wrote me, "I hope you are hurrying, as the years are flying and you will soon be forty." The following week when I saw him in Baltimore he referred to his experience, but not in a serious way. "It is not pleasant," he said, "to awake in the morning and find yourself, not famous, but infamous." He also remarked

that, "the way of the joker is hard. I deserve to have been caught long ago."

His jokes were always kindly. He never willingly hurt a brother's feelings, and all men were his brothers. If a stray arrow of wit did cause pain to anyone he regretted it keenly. He was generous of praise, rarely criticized, and never spoke unkindly. He would never allow anyone to censure in his presence a fellow practitioner of medicine. There was a legend that on the sideboard in the Oslers' dining room there was written in invisible letters this motto: "If you cannot say anything good about a man, say nothing." The admonition to judge not he strictly followed. McCrae tells of the emotional patient to whom he had spoken in a kindly way of the need of self-control. At once the tears began to flow and she exclaimed, with emotion, "Oh, Dr. Osler, you misjudge me cruelly." "Madam," he replied, with a serious voice, but with a twinkle in his eye, "Early in life I learned never to judge any woman and that rule I have strictly kept, therefore I could not have misjudged you."

His generous aid was extended to all within the medical profession, including some that must have been unworthy. One day I met at the front door of the hospital a shabby old man, a doctor without patients, who was earning money, he said, to help put his son through a Baltimore medical school by taking subscriptions in advance for a book he was writing. He showed me the list of names he had secured. "There is a man," pointing to the name of Dr. William H. Welch, "who took a copy, although he said he did not practise. And what do you think? Dr. Osler wants five copies. 'Why, Dr. Osler,' I said, 'what will you do with five copies?' 'Oh, I want to give them to my friends,' he said."

Although always a friend of the old, to him there was no sadder picture than the man who had outlived his usefulness in professional work. Following his own admonition as he travelled farther from the East he kept his face toward the rising sun.

He never lost that fine enthusiasm of youth. How many men of 69 could write as follows: "Did you know that I made a great haul of Withering's letters, etc. A man came in one day with a bag and said, 'Are you interested in Withering?' I said 'Rather,' and he pulled

out a big bundle of letters and papers from 1764 to 1794 (?) and an Edinburgh diploma. I offered him twenty pounds, at which he nearly expired, as he had hoped for not more than five pounds. I should have gone to double at auction. I have them all in chronological order and beautifully bound."

In looking over his letters I find in recent years his son's name frequently mentioned. In the spring of 1914 Revere passed his entrance examinations for Oxford. He had grown to be a young man after his father's heart, a devoted student of all that was best in literature. Sir William Osler was a victim of the war. He came of long-lived stock and had great natural vigor of mind and body. But the loss of his son and only child was a blow from which he never recovered, although he bravely "carried on" until the end. In the silent watches of the night he must have been with his boy living over the past. As Mr. Martin says in his fine tribute, "Life here was not the same to him as it had been, and where his treasure was, there it seemed his heart inclined to be."

"He leaves behind him freed from grief and fears,
Far nobler things than tears,
The love of friends without a single foe,
Unequalled lot below."

OSLER IN THE EARLY DAYS AT THE JOHNS HOPKINS HOSPITAL.

By W. T. COUNCILMAN, M.D., BOSTON.

I HAVE been asked to speak of Dr. Osler's early work in Baltimore and this necessarily includes some consideration of the formative period of the Johns Hopkins Hospital and Medical School with which he was closely concerned. Probably the primary distinctive feature of the hospital which placed it at the foundation in a different class from all other hospitals in the country, which has most contributed to its extraordinary success and to its reputation as the leading hospital in the world, is the close union with the university. The will of the founder instructs the trustees "in all your arrangements in relation to this hospital you will bear constantly in mind that it is my wish and purpose that the institution shall ultimately form a part of the medical school of that university for which I have made ample provision in my will." Both the university and the hospital had the further enormous advan-

tage of development without traditions, without the dead hand of the past constantly reaching out and choking aspirations. Traditions are formed by men and environment into which many circumstances often imperfectly appreciated enter; men no less than environments change and it is often difficult to realize that past experiences, though valuable, should not dictate the direction and the path for future progress. In the formation of both university and hospital, it was recognized that no existing institutions in the country offered examples to be followed, that the ideals were different and that the methods by which these ideals were to be attained must differ. The university met with instant success. It found ready for it a remarkable faculty of young men who pressed eagerly forward. It is probable that such men are always to be found but to recognize them and to give them confidence demands vision and that the president of the university had.

As we look back upon it, it seems on the whole fortunate that the building of the hospital and its opening was so long delayed. This gave opportunity for the university to create an atmosphere and to extend the ideals which governed it to the hospital and the future medical school. Three subjects, physiology, anatomy, and chemistry, which are recognized as basic for medical studies, were among the earliest subjects in the university work, and in 1884, by the appointment of William H. Welch, pathology was added. This was the first recognition of pathology as a university subject and as a branch of science independent of its relation to medical teaching. The locus for the new subject was on the hospital and not the university grounds, a small building designed primarily as the autopsy theatre of the hospital being fitted as a laboratory. I had returned from study in Germany in 1882, was given a minor appointment in the university, had certain positions which gave opportunities for pathological study and did some desultory teaching. We moved into the hospital laboratory in 1886, and there soon gathered a small and enthusiastic group of workers, the most prominent of whom were Halsted and Mall. There was much conjecture as to the character of the new medical school, the creation of which was believed to be imminent, much curiosity as to what was already in existence, and visitors were many. How well I remember these visitors and the trips which Dr. Welch and I used to make with them

through the hospital buildings then nearing completion; he usually explaining the heating, while the more obscure and intricate ventilation fell to my part on the ground that I had more imagination.

I had often heard of Dr. Osler (Sir William does not come to me readily) from Canadians whom I had met abroad and from others, and met him at the first meeting of the Association of American Physicians in 1886, where I read a paper on the malarial parasite. He took part in the discussion and disagreed as to the pathological significance of the changes seen in the red blood corpuscles, a view which he quickly gave up, and he afterwards played a leading part in forcing the recognition of the true nature of malaria. He had at that time been for two years in Philadelphia and was generally regarded as a man whose past accomplishments and promise for the future placed him in the first rank in medicine. He had graduated in 1872, had studied with good men abroad, was an indefatigable worker, and I found or created in Montreal opportunities for work of which he took full advantage. He also was fortunate in that he could develop independently, for neither in Montreal, Philadelphia or in Baltimore were there precedents for the character of the work he set out to accomplish nor models whom he could follow. He found his first opportunity in Montreal as the pathologist of the Montreal General Hospital and in teaching pathology in McGill University. While there he published two volumes of pathological reports from the hospital which are models of such work. His first opportunities for clinical study came from the position of physician to the smallpox hospital, and afterwards he was given a summer term of service in the Montreal General Hospital. His industry was prodigious. He published a great number of papers, chiefly reports of cases, some of them individually, others in association with some physician who had clinically studied the case. All of this work was well done, the description objective, clear and simply expressed, the literature considered and the status of the condition or disease in relation to analogous conditions established. Probably no medical man has lived who has written so much and on so many subjects in medicine as has Osler, and in his later work he does not depart materially from the method which characterizes

this early work. He was not a product of the laboratory, but he made use of the facilities of the laboratory to extend his studies of questions primarily derived from individual cases of disease. So far as the laboratory could throw light on the phenomena which the case presented, he used it and left to others the study by experiment of the more general and underlying questions of disease. If he had any models they were the old English and French masters rather than the Germans. Like these men he closely united pathological anatomy and clinical observation. A well-trained pathologist and a good anatomist, he made his own autopsies, directing his research to conditions which would elucidate the clinical phenomena. It is a method which would be dangerous to a man of less intellectual honesty, for there would be a temptation to project his previously formed conceptions into his observations of objective conditions, to see what he thought should be found rather than the actual conditions. For Osler, as for Laennec, it was the best method, and the individual case of disease became clearer and more vivid by this unbroken study. No one can read Laennec's wonderful description of tuberculosis of the lung without a realizing sense that the description of the lesions is his own, and that the same is true of the description of the anatomical lesions of disease in Osler's textbook.

There was a long period of waiting for the opening of the hospital after its completion and a still longer period of waiting for the medical school. Pathology as a branch of university work was represented on the hospital grounds by the pathological laboratory, in which was an able and enthusiastic band of young men who found there opportunity and stimulus which did not exist elsewhere. The names I recall are Halsted; Mall, the first fellow in pathology; Russell, who received the first P.H.D. ever given in pathology; Sternberg, then, as ever, an untiring worker; Abbott, Thomas, and Gavin. Lectures at the university and post-graduate courses were given. It was finally resolved that the hospital, but without a medical school, would open in 1889. Osler was appointed in 1888, and the hospital opened in May, 1889. I had gone abroad in 1888, and when I returned in July, 1889, the hospital was actually in operation and I was made resident pathologist and assistant profes-

sor of pathology. The opening of the hospital did not make any marked change; it merely expanded our life, gave more material for work and more workers, brought new questions before us; but the steady scientific study of disease by observation and experiment went on as before. I remember Osler so well at this period. He was then not quite forty and looked younger, a well-knit but rather spare figure, of about the average height, a rather long moustache, the position of the ends of which seemed to vary with his mood, hair even then a little sparse, a clear but rather shallow complexion, a broad forehead, good eyes, and lively expression. I think that a stranger with good knowledge of men would have thought him from appearance interesting and been attracted by him. His clothes were always simple and worn well and he fancied cravats of rather striking color. At first, with the exception of Welch and Mall, we all lived in the hospital, our rooms in the main building were capacious, comfortably furnished and the outlook over the city and harbor was fine. No one of the small group of men who participated in the hospital life at this early period can forget its fascination. When the hospital was first opened it was not possible for the chosen superintendent, Dr. Hurd, to immediately assume his function and for some weeks Mr. Gilman acted as superintendent even to the extent of catering. Finally a very amusing and interesting man, Emory, who had large experience, was chosen as caterer and the hospital table left nothing to be desired. Emory was always in hot water with Miss Hampden, the head of the training school; refused to regard the nurses seriously, spoke of them as nurse girls, and it gave us great delight to add fuel to the flame from two directions; in fact, it must be truly said that we sometimes sought through Emory to express our own feelings. We breakfasted together, then each sought his particular duties, to meet again at luncheon. The luncheon hour, at which most of those working at the hospital gathered, was the most delightful of the day. Osler, Welch, Halsted, Mall, Lafleur, and with the usual visiting stranger, sat at a table in the end of the dining room. The conversation was always lively and interesting, everyone sought to bring something to the feast. There was talk about work, jokes and laughter. A favorite game in which Osler rather excelled, his early experience with Ed-

gerton, Y. Davis and the Connewanga Indians having given him previous practice, was to relate the impossible and to lead up to this so skillfully through the fact that the line between fact and fiction was obscured. It was very well for us who knew the game, but occasionally it would be played when the serious visitor was present and he often carried away with him striking information of new facts in medical science. The exchanges between Osler and Halsted were always a delight and we all sought to get something on the other. I remember once that I had gone to Philadelphia to read a paper on a subject in which we were all interested but unfortunately I had mistaken the date by a week, at that time not being accustomed to think of evils long in advance. I was naturally somewhat fearful of the fact being ascertained and the first thing the next day, Osler asked me about the paper, how it had been accepted, what was the discussion, etc. I rather welcomed the opportunity to get the matter over with and spoke of the enthusiastic reception accorded the paper and gave at some length the discussion upon it. "What did Wilson say?" asked Osler, and I thought it well to put Wilson in opposition and gave as well as I could his opposing argument. "Yes," said Osler, "Jim Wilson spent last night with me and said he immensely enjoyed your paper but he could not quite agree with you."

There was an extraordinary stimulus in the atmosphere of the place. Halsted was applying the knowledge which his experimental studies of wound healing and of the principles of antiseptic surgery had given him. Kelly was developing his extraordinary surgical skill in his particular field of operation, in the wards a thoroughness in the study of the symptoms and the products of disease never previously seen was being carried out. Thayer had turned from his work in the Vienna clinics and brought with him the new methods of blood examination. The field of work seemed new, there was nothing routine and uninteresting, and the men felt themselves to be pioneers and discoverers. There was no separation of interests in the small community, the common life brought all interests together and each learned from the work of others. I do not think it would have been possible for the pathological laboratory to have continued its work with the same vigor had it not been that the hospital clinic

introduced into it the more vivid human element.

As I look back upon this wonderful life, it does not seem to me now that the men, with the exception of the great leaders, Osler, Welch, Halsted, and Mall, were possessed of unusual attainments, although they were all picked men and the material for choice was country wide. The hampering externals of life, the cares, the thought of the morrow, were all absent. I remember what a strong impression it made on Dr. Fitz, who once spent a couple of days with us and who said it was a monastery with the unusual feature that the monks cared nothing about the future. Osler was active in everything, in the wards, at the autopsies, in the laboratory, and was always ready to speak and discuss in the hospital medical society and in the historical club which were early inaugurated. At the autopsies, he was stimulating and of great assistance; he closely studied the anatomical relations and the character of the gross lesions, often recalling analogous conditions he had seen or referring to descriptions given by others. He was never greatly interested in the finer histology of the lesions unless the microscope gave further knowledge on that particular case. He was generous in the use of the clinical material, only desiring that it should be used to the best advantage in furthering medical knowledge.

Teaching was carried on, men came to work in the hospital wards and in the laboratories and definite courses of post-graduate instruction were given. There was no attempt to secure students, certainly none in the laboratory; rather an attempt to repel them. The man who came to work was not particularly encouraged in the beginning. He was given opportunities and shown methods and the encouragement came only after he had shown his zeal, industry and ability.

Osler ceased to live in the hospital in 1890, his niece, now Mrs. Abbott, caring for his house on Monument Street. I left to come to Boston in September, 1892, and the medical school was opened in the fall of 1893. My leaving for Boston had some connection with the opening of the medical school which I have never seen referred to. Both Welch and Osler had become very restive under the delay in opening the school. The position here was offered Welch and he was able to use the offer to accelerate

the formation of the Baltimore school. Here again, just as in the case of the opening of the hospital, the delay seems to me to have been fortunate. Nothing essentially new in ideals or methods came with the opening of the school; Osler, Welch, Mall, Halsted, and Kelly were there and their work was established. The opening of the medical school simply brought more young and enthusiastic workers and more widely extended the influence of hospital and laboratory ideals and methods. The faculty remained a small body of distinguished men, with confidence in each other and the authorities of both hospital and university gave them free hand. With a medical school developing in this way, the true ideal of teaching,—that of the development of the power of the student, by stimulation, by the constant exercise in the methods of science, by letting him ascertain the limitations and the questions to be answered,—was necessarily followed. The student quickly learned that his teachers were themselves students, who merely led and helped him to follow in the path they were treading, that he must always remain a student, that knowledge must be sought but it is never attained and that there is joy in the quest. The utterly false idea of teaching,—that it consists in passing to the descendants the accumulated knowledge of the ascendants—could have no place in such an institution. In the group of great men who set this work in being, all were different, each had certain qualities which seem to us now to have been essential to the completeness of the whole. The great contribution which Osler gave in addition to activating and strengthening all the qualities of the others, for he possessed something of them all, was his humanity, his love and sympathy for his fellow man, and all things else without this are dust and ashes.

These great qualities of Osler made it possible finally to reconcile both university and hospital to the people of Baltimore, so that they should give them confidence and affection. The opposite was the case in the beginning and it was by no means unnatural. The founder, a miser and usurer, had not endeared himself to the community and a number of the trustees were members of a strict religious sect which was not popular among easy-going people who preferred a less strenuous religious faith. They believed, moreover, in the protection of home

industries, and when university and hospital opened without any representation of home talent among the chief men appointed, the feeling of enmity was increased. There was also an orthodox way of doing things which was not followed,—no prayer was said at the opening of the university and no ceremony at all marked the entry of the hospital into medical function. There were five medical schools in the city, resulting in the division of the profession into as many hostile camps, all the members of which extended any remaining hostility to the Hopkins institutions. One of the trustees of the hospital it is true did bestow upon it a huge and dreadfully inartistic religious statue which did something to allay the feeling that religion had no place in it. But it was the charm of Osler that overcame all the opposing feeling. He showed both people and profession that all work was for the common good and that in striving for this end each would help the other. All learned to love Osler and through this, the general good will towards each other increased. If it be considered a weakness, Osler had the weakness of desiring the admiration and affection of his fellows, and he was never niggardly in giving this to others. It must not be supposed, however, that in seeking this he was all things to all men. Though loath to recognize evil, he assailed it when it raised its head, and his blows were lusty. It is doubtful if any one has been more greatly loved by all with whom he came in contact, and he has used their love not for self, but to advance unity, peace and concord among all men.

Original Article.

RENAL FUNCTION IN VASCULAR HYPERTENSION.

By JAMES P. O'HARE, M.D., BOSTON.

[From the Medical Clinic of the Peter Bent Brigham Hospital; from study made under grant from Proctor Fund.]

THE diagnosis "vascular hypertension" is appearing with ever-increasing frequency in our hospital records. The practitioner, however, rarely recognizes this complex as a distinct entity. He continues to call all cases of high blood pressure with albumin and casts in the urine "chronic nephritis." Patients are repeatedly coming into the hospital after an in-

surance examiner or the family physician has diagnosed "chronic Bright's disease" on the basis of these three findings. Not infrequently, too, our own cases diagnosed chronic nephritis a few years ago are returning with practically the same picture as on previous admission. They may be somewhat more dyspneic and the heart perhaps a little larger. The blood pressure, too, is probably somewhat higher, but the renal function has not been changed and is practically normal as at previous entries.

Now, had our original diagnosis been correct, we should expect quite a different patient; one with at least some toxic symptoms and a much reduced function. Chronic nephritis, as a rule, is a progressive disease. The rate of progress varies greatly in different individuals,—varies with the degree of the original damage, the presence and type of the infectious foci in the body, the frequency and type of intercurrent infections, etc. It must be admitted, however, that there may be stationary periods in the disease, where we can measure no change in its progress.

1. In the early stages of a chronic nephritis following a long continued acute nephritis we often are unable to measure any change during a long period of observation. This is doubtless due to the balance between destruction and repair. These patients, as a rule, show little or no hypertension.

2. In the late stages the lesion may become quiescent leaving a kidney much reduced in size and, of course, with a low renal function. The blood pressure is elevated in such a nephritis. Frequently, however, the blood pressure is higher in the vascular hypertension case. It is not possible to confuse the cases mentioned in 1 and 2 with the type case we are considering.

3. There is, of course, the remote possibility of a cessation of progress in the nephritic lesion at any stage, if the irritation ceases. However, there should be no difficulty in differentiating such a case from one of vascular hypertension. In the chronic nephritic, if the blood pressure is raised, the renal function is reduced. When the pressure is as high as that in the usual vascular case, the function is much reduced if it is a case of nephritis.

It is very important to differentiate vascular hypertension from chronic nephritis for many reasons. From the diagnostic viewpoint, it is essential to remember that while both may show

albumin and casts—denoting renal damage—the lesion in the kidney of the vascular hypertension case is very slight and confined chiefly to the vessels, while in the chronic nephritic the process is largely in the renal parenchyma. Furthermore, this latter lesion is usually progressive, whereas in the former the disease in the renal vessels is stationary or so slow that its progress can scarcely be recognized. The renal vascular disease certainly plays but little part in the death of the individual.

It is even more important, from the viewpoint of prognosis, to recognize the "vascular hypertension" case. The great majority of these patients die from cerebral hemorrhage. Some die from cardiac disease. In only a few does the disease of the renal vessels become so great that the parenchyma is progressively reduced and uremia supervenes. It is surely our duty to the patient, to the patient's family, and to ourselves to recognize that the chance of sudden death from cerebral hemorrhage is very much greater than death in uremia.

The treatment, too, of "vascular hypertension" has often been unnecessarily rigorous because of the mistaken diagnosis. Many of these patients are made miserable by purging, sweating, prolonged low protein diet, etc. There has been no evidence brought forward as yet to show that these procedures are of direct benefit. The low protein diet by its indirect effect of limiting the total food intake may be beneficial. But there is no evidence that in itself it lowers blood pressure or improves the symptoms. Furthermore, these patients have no difficulty in excreting nitrogen unless the process has extended in to the renal parenchyma. I realize that some proteins may be more harmful to these "hypertension" cases than others. At present, however, we do not know which are the harmful ones to be restricted.

In view of the above, I think it is most important for us to differentiate vascular hypertension from chronic nephritis. Moreover, it is so easy that no one should be excused for error except in the rare border line case.

The vascular hypertension patient can be recognized clinically, by his characteristic healthy appearance, by his lack of pure renal symptoms, and by routine physical and laboratory examinations. He can be recognized more surely and more readily by the tests of renal function. The chief purpose of this paper is to appeal for the

Men. No.	Age	Blood Pressure	URINE			FETTER.	Brown Ur. N.	Two-Hour Test			
			Spec. Grav.	Alb.	Casts			Water	Night Vol.	Salt	Nitrogen
5395	42	217-122	1008	0	rare	44%	15	normal	540	fixed*	normal
6482	42	158-100	1015	spt	hyal.	54%	9	normal	292	normal	—†
			1014	spt	rare						
6506	52	225-130	1029	—	hyal.	50%	17	normal	571	normal	normal
			1011	spt	rare						
6538	21	206-144	1013	—	hy. and gr.	59%	12	normal	365	normal	normal
			1018	0	rare						
6567	51	210-92	1022	spt	hy. and gr.	58%	13	normal	563	normal	normal
			1013	spt	rare						
6596	47	250-125	1018	st	hy. and gr.	52%	9	normal	357	normal	normal
			1011	0	0						
6768	35	210-130	1026	spt	—	53%	12	—	—	—	—
			1009	0	rare						
7024	65	220-110	1021	spt	hy. and gr.	53%	13	normal	477	fixed	normal
			1010	spt	0						
7135	42	310-	1042	vst	—	70%	15	normal	398	normal	normal
			1019	vst	0						
7211	—	220-130	1033	st	—	69%	14	normal	549	normal	normal
			1007	0	0						
7225	47	220-120	1027	—	—	68%	15	normal	636	normal	—
			1008	spt	rare—mod.						
7322	36	188-110	1027	st	hy. and gr.	47%	9	normal	314	normal	normal
			1007	spt	rare—many						
7423	41	245-130	1018	—	—	51%	16	normal	345	normal	—
			1009	st	0						
7464	53	230-185	1034	—	—	60%	10	normal	853	normal	—
			1011	spt	rare						
7494	60	215-110	1023	—	hyal.	45%	—	normal	528	normal	—
			1014	0	0						
7604	42	250-	1028	st	rare	63%	11	normal	599	normal	—
			1009	0	0—						
8533	22	152-64	1027	spt	hyal.	70%	13	normal	397	normal	—
			1010	0	0						
8742	52	200-120	1026	—	—	70%	13	normal	750	normal	—
			1020	0	0						
9290	25	212-150	1032	—	—	61%	12	normal	400	normal	—
			1009	0	0						
9465	29	194-100	1024	spt	—	72%	14	normal	493	normal	—
			1011	0	rare						
9791	54	190-108	1026	—	—	60%	10	normal	313	normal	—
			1012	0	0						
10654	43	194-118	1027	—	—	52%	14	normal	447	normal	—
			1019	vst	0						
Miller	51	270-	1038	—	—	—	9	normal	822	normal	—
			1013	spt	rare hyal.						
Everson	34	194-100	1021	—	—	72%	14	normal	493	normal	—
			1008	0	0						
Stone	50	196-120	1022	—	—	64%	12	normal	590	normal	—
			1007	0	rare						
			1022	—	—						

* Did not eat all his diet.

† Nitrogen determinations were not done in all cases because present and past experience has led us to feel that early disturbances in the kidney showed themselves more readily in salt excretion than in nitrogen.

use of this diagnostic measure in all doubtful cases.

Twenty-five cases of vascular hypertension are being reported here to show how readily the functional tests in common use establish the diagnosis. The urinalysis is included because in these cases it resembles closely that of the patient with nephritis, and yet it may show certain elements which would lead one to suspect the true diagnosis.

The urinalyses in the accompanying table show that albumin and casts occur about as in chronic nephritis. But there is one rather striking diagnostic difference. The maximum specific gravity is ordinarily much higher than in the patient with nephritis. In other words, the vascular hypertensive kidney maintains its ability to concentrate, in contrast to the nephritic kidney.

The table includes the three tests of renal function in common use. As can be seen, these show pretty nearly normal findings. These cases have comparatively little trouble in excreting phenolsulphonphthalein. Many show an absolutely normal response. Most of the others excrete between 50% and 60%. Only four put out between 40% and 50%. This we regard as pretty good function in comparison with that of the true "interstitial" nephritic. We do not claim, of course, that these kidneys are absolutely normal. In many cases there is a slight depression in function. But the great contrast between the nephritic and the vascular hypertension case can be seen if we compare two with the same blood pressure: let us say a systolic of 220. The vascular case may have a nearly normal function, a phthalein of 55%, a blood urea nitrogen of 16, and a two-hour test with perhaps a slight increase in the night volume. The truly renal case on the other hand would probably have a phthalein in the neighborhood of 10%, a blood urea nitrogen of 40 mgms., and a very abnormal two-hour test.

The blood urea nitrogen in our cases are all within the limits of normality, except three. These three probably have a slight difficulty in handling the nitrogen of the diet. A low protein diet in these patients for a few days would undoubtedly bring the blood urea nitrogen within normal limits.

The two-hour test* shows similar findings. In

this test the normal kidney responds to varying amounts of water, salt, and nitrogen ingested at meals by varying the total amount and the concentration of these substances excreted in the urine, as measured by two-hour specimens during the day. The volume of the night urine should be normally 600 cc. or less, with a comparatively high specific gravity (1018 or over). The abnormal kidney shows no such variation in volume, amount, and concentration, and these are more or less fixed. The night volume is increased above 600 cc. and the specific gravity of the night volume is lowered. As can be seen in the table, our cases were on the whole pretty normal in renal function and urine. About the only abnormality of note is that many show a somewhat increased night volume. This is of interest because the greater this night volume the greater the renal damage (if the test is properly carried out). If the night volume is much increased, therefore, it indicates a possible renal outcome. Some of our cases seem to be of such a type.

The Table can briefly be summarized by stating that in vascular hypertension

1. The specific gravity of the urine shows no loss of power of concentration, as in chronic nephritis;
2. Albumin and casts appear in the same quantities in both diseases;
3. The functional tests show but little renal impairment;
4. A markedly increased night volume of urine indicates a possible renal death.

In conclusion we may say that it is very essential to differentiate vascular hypertension from chronic nephritis with hypertension. Tests for renal function offer us a ready means of differentiation.

THE MASSACHUSETTS MEDICAL SOCIETY.

THE next annual meeting will be held at the Boston Medical Library, June 8 and 9, 1920. Dr. R. H. Miller, 434 Marlborough Street, Boston, Chairman of the Committee of Arrangements.

PETER BENT BRIGHAM HOSPITAL.

Dr. Dean Lewis, Professor of Surgery (elect), Chicago University, has been acting for the past two weeks at the Peter Bent Brigham Hospital as Surgeon-in-Chief *pro tempore*, in charge of Dr. Harvey Cushing's service.

*Hedinger and Schlager: Deutsch. Arch. f. Klin. Med., 1914, cxiv, p. 120.

Mosenthal, H. O.: Arch. of Int. Med., 1915, xvi, p. 733.

O'Hare, J. P.: Arch. of Int. Med., 1916, xvii, pp. 711-756.

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CHILD HYGIENE IN MISSOURI.

HEALTH officers, mothers and educators throughout the country are watching with unusual interest the health survey and demonstration undertaken by the United States Public Health Service in several localities in Missouri in order to establish standards for child hygiene work in the school and in the home. There has been considerable interest centered about the selection of Missouri as the field for this work and many inquiries have been directed to the Public Health Service as to the reason for doing the work in that state. Conditions in Missouri are simply typical of the average American community, no better and no worse; the state of health of the child in Missouri may be accepted safely as the state of health of children throughout the United States. The real reason for the selection of Missouri for this work was the fact that the legislature of Missouri, at its last session, created a department

of child hygiene and the State Board of Health adopted resolutions asking the Public Health Service, the only federal agency authorized to cooperate with State Health authorities, to come to Missouri and make a demonstration of how this department could in the best way function. This was supplemented with an invitation from the Governor and several volunteer agencies. The Public Health Service had planned to make such a survey and demonstration in some community, and eagerly accepted the invitation, because in Missouri the machinery was in readiness and numerous agencies offered their co-operation, both financially and with trained personnel.

Primarily the experiment will benefit Missouri. The health conditions of thousands of children will be studied by highly trained men and recommendations will be made to the parent and the teacher in cases where it is found that conditions need correction. Where necessary, glasses will be fitted for the eyes, the teeth will be looked after, and mentally backward children be classified so that proper corrective measures may be taken. The study will not cover the whole of Missouri, but will be confined to those communities which offer the best prospect of organizing the work on a permanent and self sustaining basis. It is not possible to say how much money will be expended, but results and not expense will be the first consideration. There is every reason to believe that there will be achieved results of lasting value. Dr. C. P. Knight, of the Public Health Service, is in charge of the undertaking, and is assisted by Dr. Lydia A. DeVilbiss. The coöperation of all official and unofficial health agencies is assured. The State Board of Health, American Red Cross, Missouri Tuberculosis Association, boards of education, women's organizations, and city officials are all participating enthusiastically. The working staff is made up of specialists in the different branches of medicine, nurses, field workers, and clerks.

It is the purpose of the Public Health Service to conduct a comprehensive field of investigation and demonstration in child hygiene along modern, scientific lines. In addition to this it is planned to organize a division of Child Hygiene within Missouri's State Board of Health and to assist and encourage local hygiene activities. Much of this work will be in the nature of a demonstration, not only for the

people of Missouri, so that they may see the benefit of such work and make it state-wide, but for the country at large. It will tend to establish Missouri as the model state for such work and to set standards to be followed by other states.

Studies in particular phases of child hygiene have been made before in the United States, but usually they have been limited in their scope and territory. Among limited groups of school children the percentage of children with bad teeth, defective vision, or mental affliction has been ascertained, but little has been known of the environment from which these children came. The present study will go much further. As a first step field agents of the Public Health Service will make a house-to-house canvass in the localities selected. A physician and public health nurse will visit each home where there are children of the pre-school age. In all child hygiene work the first essential is that all births be registered; in many communities in the United States less than 70 per cent. of the children are registered.

The first work in the community, therefore, will be to determine what percentage of children in the pre-school age group have had their birth recorded. It is hoped that this will stimulate birth registration and give the health officer absolutely necessary information. At the same time the health conditions of children in a given community will be studied and the children will be enrolled. Infant health stations will be established and for children needing medical attention treatment will be made accessible. Prenatal supervision will be provided wherever it is possible or desired for this has been proved to be of inestimable value in reducing maternal and infant mortality.

With the active coöperation of the State Tuberculosis Association, teachers, nurses and physicians will conduct a modern health crusade in the schools. School children will be inspected and a card will be filled out for each child, giving a brief health history and recording his physical and mental condition. Where necessary, suitable treatment will be recommended, and facilities will be provided to make such treatment possible. The height and weight of each child will be recorded each month. Correct food and exercise will be suggested and health classes will be conducted for the undernourished children. Each month it will be possible to observe the progress of this work.

In conducting the demonstration in Missouri each community will be asked to make the work permanent, particularly that part of the work which provides for a health officer continually on duty in each community, and for the regular examination and treatment of the children. If it proves successful in Missouri, of which it gives every promise of doing, other states undoubtedly will be glad to adopt the same system.

It is a firm belief of the Public Health Service that not only can thousands of lives be saved in this way, but that by adopting proper corrective measures a great many of the physical and mental handicaps which follow the boy and girl through life may be removed at an early age, and the coming generations be made correspondingly stronger.

NARCOTIC DRUG REGULATIONS.

THERE is but one occasion when a physician may omit making a record of the disposal of the narcotic drugs in his possession, and that is when, while in attendance upon a patient away from his office, he personally administers the drug or preparation. In this case the record book is not available and the amount administered is usually so small that it makes but little difference in the amount of stock. Yet many practitioners keep an account of these personally administered doses, as the traffic in narcotics is watched closely by a force of trained field deputies, so that the revenue inspectors will find no shortage when they call to make examination of the stock.

The usual custom followed by the Federal inspectors in making an examination of a stock of drugs is first to look over the records of amounts bought and the amounts dispensed and compare them with the amount on hand. If there is a discrepancy, the owner of the stock, who is obliged to keep records of each transaction involving the drugs, is held responsible. Deputies are instructed from Washington to be more than ordinarily zealous in endeavoring to secure adequate punishment of persons guilty of violating the narcotic law.

Physicians and practitioners are reminded that whenever a place of business is changed immediate report should be made to the Internal Revenue office so that the proper authorities may be informed of the new location and

changes may be made on the special license and on the order blanks. This should be done within the month in which the location is changed.

When a business or practice changes hands the new owner is liable to a tax for the period during which he conducts the business irrespective of any taxes paid by the predecessor, and the predecessor is not entitled to a refund of any tax paid by him on account of the transfer of ownership. In case of a change of ownership through death the person's executors or legal representatives may carry on the business after taking oath to their qualifications to engage in such business.

HOW TO CONDUCT NUTRITION CLINICS AND CLASSES.

It will be of interest to physicians in all parts of the country to know that there is to be given in Boston from April 5 to 17, 1920, a course in the organization and conduct of nutrition clinics and classes, under the direction of Dr. William R. P. Emerson of Boston. This course will be followed by a similar one in Chicago. The interest which has been manifested by members of the profession in this city and in distant ones indicates the need which is being felt for special training in order that local centers may be established for carrying on this work on a more extensive basis than has been possible hitherto. In Cleveland and in Grand Rapids, nutrition clinics and classes have been organized not only in hospitals, but also in the schools. The course will enable students who have had experience and training in nursing and in social work to prepare themselves for work in this important branch of child conservation service. Opportunities will be given for taking part in home visiting and in physical examinations. Instruction will be given in making charts and records, in food values and in other work incident to the activities of the nutrition clinics and classes. Students will be assisted in conducting their later work by whatever advice, aid, and published material with which it may be possible to furnish them. The importance of protecting our national future by conserving the physical resources of our children is unquestioned; in the promotion of this child welfare work this course should prove to be of great value. Further in-

formation may be obtained by communicating with the Nutrition Clinics for Delicate Children, 44 Dwight Street, Boston.

A PHYSICIAN AS AN AMBASSADOR.

It has been mentioned many times to the discredit of the medical profession that its members show little interest and take no part in public affairs. This has always been much less the case in England than in America. It will be of interest to American members of the profession to note that Sir Auckland Geddes has been appointed British ambassador to the United States.

Sir Auckland Geddes was born in Edinburgh in 1879. He is a medical graduate and served as a surgeon in the South African War; later he became professor of anatomy at McGill University, Montreal, of which he was elected principal at the outbreak of the war. He served in the British Army during the war, and quickly rose to the position of brigadier-general in charge of recruiting. He then was appointed minister of reconstruction and national service, and at the close of the war he entered the ministry as president of the Board of Trade, an office which he has resigned to become ambassador to this country.

It is to the credit of the profession that Sir Auckland Geddes, after an active professional career, has taken so important a part in British public life during the past five years and now is to continue in a conspicuous and responsible diplomatic position as ambassador to the United States. His presence at Washington should contribute materially not only to the continued good feeling between England and the United States, but to the maintenance of professional comity between physicians of both countries.

MEDICAL NOTES

THE CRAIG COLONY FOR EPILEPTICS.—The Craig Colony for Epileptics was established at Sonyea, Livingston County, New York, in 1894, admitting its first patient two years later. All applicants must be legal residents of New York State, and are admitted on the same basis as indigents. If the patient or his relatives are able to reimburse the State in whole or in part, they are expected to do so. Epileptics of all ages

are received, although the present facilities for children are limited. The Colony can not care for those epileptics who are insane or markedly delinquent.

Of the five thousand patients and upward who have been admitted to the Colony since its opening, only ten per cent. have been graded as mentally normal or nearly so. Fifteen per cent. approximately, have been found to have undergone a more or less marked mental deterioration from what may have been originally an average mental status. Seventy-five per cent. of the entire number have been primarily feeble-minded, over half of these being of the grade of moron or high grade imbeciles, while about twenty-five per cent. of the entire number have been low grade imbeciles or idiots.

Such medical and surgical treatment as may be indicated is given to patients at the Colony, so far as facilities permit. Ophthalmological examinations and dental treatment are given to all newly admitted patients. Extended mental and physical examinations are made in order to place the patient in a favorable environment, with some suitable occupation. Early in the coming fiscal year a Supervisor of Education is to be appointed to organize educational work at the Colony so as to make it sufficiently broad to include many of the young patients who have not received instruction in the past.

One of the original purposes of the Colony was to conduct investigations into the causes of epilepsy, in the hope that continued work along these lines would lead ultimately not only to the discovery of the causes, but also to methods of prevention and relief applicable to other nervous and mental disorders.

During the influenza epidemic at the Colony in October and November, 1918, there were approximately one hundred cases among employees and eight hundred among patients; sixteen per cent. succumbed to the disease. Smallpox and typhoid vaccine have been administered to all incoming patients as in the past years, and throat cultures have been taken. During the year, pneumococcus lipo-vaccine was administered to about six hundred patients at the Colony. A series of Wassermann tests is being carried out in the laboratory. There is comparatively little active tuberculosis among the Colony patients except among the most defective types; the ordinary infectious diseases have not been prevalent to any degree. There were

two hundred and eighty-one deaths among the patients during the year. The twenty-sixth annual report of the Craig Colony for Epileptics contains a large number of autopsy reports made during the year.

AMERICAN BOARD FOR OPHTHALMIC EXAMINATIONS.—The next examination to be conducted by the American Board for Ophthalmic Examinations will be held at New Orleans on Monday, April 26, at the time of the meeting of the American Medical Association. Candidates who wish to take the examination for the certificate of the Board must have their application and necessary credentials in the hands of the Secretary at least sixty days before the date of the examination.

The American Board for Ophthalmic Examinations was organized, after a considerable amount of preliminary work, in 1916, and consists of nine members, three selected from each of the three organizations, the American Ophthalmological Society, the Section on Ophthalmology of the American Medical Association, and the American Academy of Ophthalmology and Oto-Laryngology. The purpose of the Board is (1) to establish standards of fitness to practice ophthalmology; (2) to investigate and prepare lists of medical schools, hospitals, and private instructors recognized as competent to give the required instruction in ophthalmology; and (3) to arrange, control, and conduct examinations to test the qualifications of those who desire to practice ophthalmology, and to confer a certificate upon those who meet the established standards.

The American Ophthalmological Society and the American Academy of Ophthalmology and Oto-Laryngology have voted that after 1920 they shall require every applicant for membership to possess the certificate of the Board, unless the applicant shall possess a degree in ophthalmology conferred by a university recognized by them as competent to prepare students for such a degree.

The American College of Surgeons: The Regents of the American College of Surgeons have appointed an Ophthalmic Credentials Committee to pass upon the professional qualifications of ophthalmologists who may desire to obtain Fellowship in the College and who are otherwise qualified. The personnel of this committee

is identical with that of the American Board for Ophthalmic Examinations. Those who pass the examination given by this Board, if otherwise qualified, may be not only certificated by the Board but also may be, upon the recommendation of the Credentials Committee, admitted to Fellowship in the College without further examination.

In some cases the applicant's professional record is such as to give him a national reputation, or pre-eminence in his community. This fact, duly investigated and considered, may furnish ample evidence to satisfy the examiners that the applicant is well fitted to practice ophthalmology.

Applicants for examination and for the certificate of the Board are divided into three classes: (1) Those who have practiced ophthalmology ten years or more; from this class will be required reports of ten cases that have been observed or treated by the applicant and a list of papers or books published. (2) Those who have practiced ophthalmology five years and less than ten years; of this class will be required a report of twenty-five cases that have been observed and treated by the applicant, further examination to be held or not according to the candidate's professional experience. (3) Those who have practiced ophthalmology less than five years; of this class will be required: (1) A degree from a medical school of high standing, satisfactory to the Board of Examiners. (2) A certificate of one year's service in an ophthalmic clinic, or an internship of one year in an ophthalmic hospital, or assistantship in private practice, with statement of the duties required in such a position. (3) In addition, certificates showing one year of special study of ophthalmology under competent instructors or in accepted institutions for graduate teaching; not necessarily continuous nor at the same place; but periods of study of less than three months at one institution are deprecated by the Board.

After 1920, candidates in this class will be required to show that they have had a year of clinical hospital experience, preferably in a general hospital, or laboratory work following four years in a medical school preliminary to special study of ophthalmology and service as ophthalmic interne.

For all classes, the Board will require a high

ethical and medical standing and a medical degree satisfactory to the Board.

TYPHUS IN THE UKRAINE.—There has been reported an epidemic of typhus in the Ukrainian army and among Denikine's troops in the Ukraine. Doctors are unable to check the spread of the disease both because of lack of numbers and scarcity of medical supplies.

ASSOCIATION OF SURGEONS OF GREAT BRITAIN AND IRELAND.—At a recent meeting of British surgeons, it was decided to form an "Association of Surgeons of Great Britain and Ireland," an association similar to the one formed by British physicians a number of years ago. The existence of this society will make it possible for surgeons to meet at various places for the exchange of observations and a comparison of results. It has been announced that the association will stand as a representative body for British surgeons and will represent British interests at international surgical congresses. Sir John Bland-Sutton has been elected president of the association.

THE YALE SCHOOL OF MEDICINE.—The following minutes were recommended and adopted by the coöperation of Yale University, as a result of the survey of the medical school by Dr. Fred T. Murphy:

1. That there is a clear and definite opportunity and obligation of the university to medical education.

2. That the Yale School of Medicine has a valuable nucleus of men and material and sound traditions, which richly justify the development of an institution for medical education of the highest type.

3. That the corporation accept as a policy the development of a medical school of the highest type to include the pre-clinical and clinical years of instruction upon such principles of medical education as may be approved by the corporation, after conference with the medical faculty.

4. That every effort be made to obtain at the earliest possible date the necessary funds with which to expand and develop the buildings, the equipment, the institution, and the research, and the service, in accordance with the best ideals of modern medical education as an essential unity of our university plan for development.

MEASURES TO INCREASE FRENCH BIRTHRATE.—A decree has been issued recently by President Poincaré creating a national division of the

ministry of health to deal with the problem of increasing the birthrate in France. M. Breton, chief of the ministry of health, is reported to have made the following statements on this subject to the cabinet:

"The lowness of the French birthrate, which becomes worse each year, endangers the existence of the nation. For a long time before the war France lacked men. French soil is one of the most fertile in the world, but is one of the least productive because of the lack of labor. Because of the lack of men, industry in France is obliged to depend more on immigration than any other European country. The war, in depriving France of 2,000,000 young men, has increased still more the danger which threatens the nation.

"We have often studied this situation, which is unique with France; we have recognized that it is not due to one cause, but to a multiplicity of causes. Therefore, to combat it, we must not resort to one remedy, but to many remedies, some of a moral nature, others of a national and economic nature.

"We must not entrust this grave question, the gravest of all that confronts us, to a temporary commission, irregularly convoked, but to a permanent organization meeting at fixed periods and equipped with sufficient means of inquiry and publicity.

"A council will give its advice upon questions proposed by the ministry or upon those which belong upon its calendar. It will prepare projects of law, decrees, and circulars which, it believes should be presented to the minister. It can call in authorities for consultation."

The council is to consist of thirty members and will meet once a month. In each department there is to be a sub-commission. Among other duties, the council is to "examine all measures which may combat depopulation, increase the birthrate, develop puericulture, and protect and honor large families."

MORTALITY STATISTICS FOR 1918.—The Census Bureau's annual compilation of mortality statistics for the death registration area in continental United States, which will be issued shortly, shows 1,471,367 deaths as having occurred in 1918, representing a rate of 18.0 per 1,000 population, the highest rate on record in the Census Bureau—due to the influenza pandemic. Of the total deaths 477,467, or over 32 per cent. were due to influenza and pneumonia (all forms), 380,996 having occurred in the last four months of the year during the influenza pandemic. The rate for influenza and pneumonia (all forms) is 583.2 per 100,000. In-

fluenza caused 244,681 deaths and pneumonia (all forms) 232,786, showing rates of 298.9 and 284.3 per 100,000, respectively, these being the highest rates which have ever appeared for these causes. The rate in 1917 for influenza was 17.2 and for pneumonia (all forms) as 149.8. In fact the difference (416.2 per 100,000 population) between the 1917 and 1918 rates corresponds with the excess mortality which occurred in the last four months of the year from the influenza pandemic. The next most important causes of death were organic diseases of the heart, tuberculosis (all forms), acute nephritis and Bright's disease and cancer, which together were responsible for 391,391 deaths, or nearly 27 per cent. of the total number. The death registration area in 1918 comprised 30 states, the District of Columbia and 27 registration cities in non-registration states, with a total estimated population of 81,868,104, or 77.8 per cent. of the estimated population of the United States. The Territory of Hawaii is now a part of the registration area, but the figures given in this summary relate only to continental United States. The deaths from organic diseases of the heart numbered 124,668, or 152.3 per 100,000 population. The death rate from this cause shows a slight decrease as compared with 1917, when it was 153.2 per 100,000. There have been fluctuations from year to year, but in general there has been a marked increase since 1900, the earliest year for which annual mortality statistics were published, when the rate for organic diseases of the heart was 111.2 per 100,000 population. Tuberculosis in its various forms caused 122,040 deaths, of which 108,365 were due to tuberculosis of the lungs. The death rate from all forms of tuberculosis was 149.1 per 100,000, and from tuberculosis of the lungs 132.4. The rate from tuberculosis of all forms declined continuously from 200.7 per 100,000 in 1904 to 141.6 in 1916, the decrease amounting to nearly 30 per cent.; but for 1917 and 1918 increases are shown, the 1918 rate being somewhat higher than the rate for 1917, when it was 146.4. Until 1912 more deaths were due to tuberculosis than to any other single cause, but in that year and during the period 1914-1918 the mortality from tuberculosis was less than that from heart diseases. Bright's disease and acute nephritis caused 79,343 deaths, or 96.9 per 100,000. This is a

noticeable decrease as compared with 1917 when the rate was 107.4 per 100,000. Cancer and other malignant tumors were responsible for 65,340 deaths, of which number 24,783, or nearly 38 per cent., resulted from cancer of the stomach and liver. The rate (79.8) is a decrease from 1917, when it was 81.6. With the exceptions of the years 1906, 1907, 1911, 1917, and 1918, there has been a continuous increase in the death rates from these diseases. Apoplexy was the cause of 64,904 deaths, or 79.3 per 100,000. This rate, too, declined, having been for 1917, 82.9. Diarrhea and enteritis caused 59,109 deaths, or 72.2 per 100,000, a decrease from the rate (79.0) for 1917. More than four-fifths of the total deaths charged to these causes in 1918 were of infants under two years of age. Arterial diseases of various kinds—atheroma, aneurism, etc., resulted in 19,027 deaths, or 23.2 per 100,000, which rate is somewhat less than that (25.3) for 1917. Deaths from diabetes numbered 12,927, or 15.8 per 100,000. The rate from this disease increased almost continuously from 9.7 in 1900 to 17.0 in 1916, but since 1916 a slight decrease for each year is apparent. The rate for 1917 was 16.9. Bronchitis caused 12,783 deaths, or 15.6 per 100,000. This rate is lower than that for any preceding year. The proportional decline from 1900, for which year the bronchitis rate was 45.7 to 1918, amounted to 66 per cent. The rate for diphtheria is 13.8, representing 11,280 deaths. As compared with 1917, when the rate was 16.5, there is a perceptible decrease. Typhoid fever resulted in 10,210 deaths, or 12.5 per 100,000. The mortality rate from this cause has shown a remarkable reduction since 1900, when it was 35.9, the proportional decrease amounting to 65 per cent. This highly gratifying decline demonstrates in a striking manner the efficacy of improved sanitation and of the modern method of prevention—the use of the antityphoid vaccine. Whooping cough and measles together were responsible for 22,534 deaths of adults and children, for 27.6 per 100,000. The rates for these diseases were respectively, 16.8 and 10.8 as compared with 10.4 and 14.3 for 1917. Deaths due to external causes of all kinds—accidental, suicidal, and homicidal—numbered 82,349 in 1918, corresponding to a rate of 100.6 per 100,000 population. This is a noticeable decrease, the rate for 1917 being 108.8. In fact, except for automo-

bile and machinery accidents and injuries, all the external causes showed a general decrease in 1918. The greatest number of deaths charged to any one accidental cause—10,330, or 12.6 per 100,000—is shown for falls. Next to falls, the greatest number of accidental deaths—8,610, or 10.5 per 100,000—resulted from railroad accidents and injuries. Deaths from automobile accidents and injuries in 1918 totaled 7,525, or 9.2 per 100,000 population. This rate has risen rapidly from year to year, which strongly suggests the need for better traffic regulations and better enforcement of those we now have. Burns—excluding those received in conflagrations—were responsible for 6,638 deaths, or 8.1 per 100,000. Accidental drowning caused 5,633 deaths, or 6.9 per 100,000. This rate is considerably less than that for any preceding year since 1910. Deaths due to accidental asphyxiation (except in conflagrations) numbered 3,371, or 4.2 per 100,000. The rate is slightly less than that, 4.5, for the previous year, but is somewhat higher than the rate for any year during the preceding ten-year period. Nine accidents and injuries resulted in 2,497 deaths, or 3.1 per 100,000. Machinery accidents caused 2,371 deaths, or 2.9 per 100,000, a rate greater than that for any year covered by the Bureau's mortality records. Deaths resulting from street-car accidents numbered 2,366, corresponding to a rate of 2.9 per 100,000. Deaths due to injuries by vehicles other than railroad cars, street cars, and automobiles numbered 2,337, or 2.7 per 100,000. The number of suicides reported for 1918 as 9,937, or 12.1 per 100,000, the rate being the lowest shown for any year since 1903. Other deaths due to external causes totaled 20,834, or 25.4 per 100,000.

BOSTON AND MASSACHUSETTS.

RESEARCH IN OCCUPATIONAL THERAPY.—Through the generosity and understanding of a friend of occupational therapy, it has become possible to establish at Marblehead, Massachusetts, a small experiment station for the study of the problems of invalid occupation. The plan is to maintain a studio and workshop where designers and craftsmen, unhampered by the demands of teaching, may work out ideas and suggestions for hospital industries.

The general value of regulated work in convalescence and in long continued disability is firmly enough established. But the time is

coming soon when those who are directing this branch of medicine will be called upon to prescribe with increasing accuracy, and when the work of patients will have to be standardized and improved in design and quality. The sponsors of this experimental shop are interested in all phases of Occupational Therapy, but specially in the development of new occupations which will be elastic enough to meet the varied requirements of invalids and which will, at the same time result in really valuable products.

There will be a small permanent staff of designers and craftsmen and probably a rotating staff of Occupational Aides who can leave their active teaching long enough to work out their own problems under favorable conditions.

The new shop is devoted wholly to the advancement of Occupational Therapy. Any profits which may come from the sale of tested materials or of finished products will be turned into the plant or used toward scholarships for visiting teachers.

It would seem as though there were very definite use for such a centre, but if the new venture is to have full value and effectiveness it must secure the coöperation of everyone interested in occupations for invalids.

Teachers and others are invited to send in ideas and suggestions which will be studied and developed whenever possible, and which if used will be acknowledged in future bulletins. Communications may be addressed to Herbert J. Hall, M.D., Director, 69 Pleasant Street, Marblehead, Mass.

WEEK'S DEATH RATE IN BOSTON.—During the week ending March 20, 1920, the number of deaths reported was 251 against 228 last year, with a rate of 16.19 against 14.93 last year. There were 52 deaths under one year of age against 36 last year.

The number of cases of principal reportable diseases were: Diphtheria, 38; scarlet fever, 66; measles, 209; whooping cough, 84; typhoid fever, 2; tuberculosis, 76.

Included in the above were the following cases of nonresidents: Diphtheria, 8; scarlet fever, 18; measles, 1; whooping cough, 2; typhoid fever, 2; tuberculosis, 9.

Total deaths from these diseases were: Diphtheria, 3; scarlet fever, 1; measles, 2; whooping cough, 7; tuberculosis, 18.

Included in the above were the following

nonresidents: Diphtheria, 1; tuberculosis, 1. Influenza cases, 60. Influenza deaths, 4.

MASSACHUSETTS GENERAL HOSPITAL.—The Clinical Meeting of the House Officers of the Massachusetts General Hospital will be held on Wednesday, April 7, at 8 P.M., in the Out-Patient Department amphitheatre. Program as follows:

1. Laryngeal Paralysis in Auricular Fibrillation, Dr. Joseph Garland.

2. Asthma, Hay Fever, and Allied Conditions, Dr. F. M. Rackemann.

Dr. William H. Smith will preside.

The Clinical Meeting of the Out-Patient Department Medical Staff will be held on Wednesday, April 7, at 12 noon, in the lower amphitheatre, Out-Patient Department. Program as follows:

1. Bodily Mechanics in Relation to Medicine, Dr. Lloyd Brown.

2. Bronchial Asthma, Dr. Francis Rackemann.

BOSTON CITY HOSPITAL.—The monthly Clinical Meeting of the Boston City Hospital will be held in the Cheever surgical amphitheatre, at 8.15 P.M., on Thursday, April 8.

Case demonstration.

Studies in the Prevention of Pneumonia, Dr. George P. Sanborn.

Discussion opened by Dr. Cleveland Floyd. HALSEY B. LODER, *Chairman*.

Miscellany.

REPORT UPON HEALTH EDUCATION BY THE JOINT COMMITTEE ON LEGISLATION OF THE MASSACHUSETTS MEDICAL SOCIETY AND THE MASSACHUSETTS HOMEOPATHIC MEDICAL SOCIETY.

On February 19, 1920, the Committees on Education and Public Health of the Legislature, sitting jointly, held extended hearings on the various bills for health education.

The recommendations of the State Department of Health relative to the appointment of school nurses have been reported favorably by the Committee (House Bill 200).

The Mahoney Bill (Senate 32), Senate 66 from the files of last year, the Lord Bill (Senate 122), the Nelligan Bill (House 220), the Hannagan Bill (House 641), and the Stone Bill (House 777) were all considered at the hearing. Determined opposition to some of the proposed bills developed on the following grounds: (1) That they created unwise centralization of power, (2) that they permitted education in sex hygiene and birth control, and (3) that they might expose young girls to indignities on the part of school physicians. Certainly none would oppose bills open to these objections more than would physicians. The principles underlying the movement for health education were advocated by many individuals and organizations.

After mature deliberation, Senator Chamberlain for the Committee has reported the following bill:

Section 1. The Commissioner of Education, with the approval of the Department of Education, shall appoint an agent of said department with two associates (one of whom shall be a

woman) who shall be qualified to supervise and direct the work of physical training in the public schools and the normal schools. The salary of the first agent shall not exceed four thousand dollars and that of his associates shall not exceed twenty-five hundred dollars each, the said salaries to be fixed by the Commissioner of Education, subject to the approval of the Governor and Council.

Section 2. The agents of the said department shall cooperate in an advisory capacity with local school authorities and the state normal schools in promoting child welfare by healthful physical training.

Section 3. The school committees in cities and towns or groups of towns shall appoint supervisors of physical training with the necessary associates, who shall, under the direction of the school committee, establish, supervise, and direct adequate systematic courses of instruction in physical training.

Section 4. For the promotion of physical training in the public schools and the state normal schools there shall be annually appropriated a sum equal in amount to three cents for each child between the ages of six and eighteen enrolled in the public schools during the school year next preceding the year in which the appropriation is made.

Section 5. This act shall take effect on the first day of August, nineteen hundred and twenty.

It would seem that this bill met completely the objections raised at the hearing. That there is still determined opposition to the bill is indicated by the fact that the following Representatives dissent: Messrs. Donovan, Mulvey, Sweeney, O'Connell, Early, and Harvey.

It is earnestly hoped that all physicians will consider carefully the merits and faults, if any, of the Chamberlain Bill. If faults can be found they should be eliminated. If the bill is a step in the right direction to correct the shameful conditions revealed by the rejections of the draft boards for physical defects, it is incumbent upon us to urge the passage of the bill.

JAMES S. STONE, *Secretary.*

RESOLUTIONS ON THE DEATH OF DR. SOUTHARD.

At the meeting of the Executive Committee of the Massachusetts Society for Mental Hygiene held March 9, 1920, the following resolution was adopted:

The Directors of the Massachusetts Society for Mental Hygiene desire to express their deep sorrow and their great sense of loss in the death of Professor Elmer Ernest Southard. To many of them he was a warm personal friend whom they will sorely miss. His great natural abilities, his extraordinary powers of insight and deduction were most valuable to the Society in which he took an active and stimulating interest.

The Directors feel that they have lost not only a most valuable advisor and colleague but one on whose sympathy and friendship they could always depend.

It was voted that a copy of this resolution should be sent to his family, to THE BOSTON MEDICAL AND SURGICAL JOURNAL, to the *Mental*

Hygiene Quarterly, and entered in the records of the Society.

UNITED STATES CIVIL-SERVICE EXAMINATIONS.

RECEIPT OF APPLICATIONS WILL CEASE ON
JUNE 29, 1920.

The United States Civil Service Commission announces open competitive examinations for bacteriologist and junior bacteriologist. Vacancies in the Public Health Service throughout the United States, at salaries indicated below, and in positions requiring similar qualifications, at these or higher or lower salaries, will be filled from these examinations, unless it is found in the interest of the service to fill any vacancy by reinstatement, transfer, or promotion.

The register of eligibles resulting from the bacteriologist examination will be used for filling vacancies in the positions of bacteriologist at \$130 to \$180 a month, and associate bacteriologist at \$90 to \$130 a month.

The register of eligibles resulting from the junior bacteriologist examination will be used for filling vacancies in the positions of assistant bacteriologist at \$70 to \$90 a month; junior bacteriologist at \$70 a month; and junior bacteriologist, part time, at \$30 to \$50 a month.

Appointees will be allowed subsistence, and one room or \$15 to \$20 a month in lieu of quarters, according to grade and station.

Appointees whose services are satisfactory may be allowed the temporary increase granted by Congress of \$20 a month.

The entrance salary within the range stated will depend upon the qualifications of the appointee and the duty to which assignment is made.

In filling vacancies in positions with headquarters outside of Washington, D. C., certification will be made of the highest eligibles residing nearest the vicinity of the place at which the appointee is to be employed, except that upon the request of the department certification will be made of the highest eligibles on the register for the entire country who have expressed willingness to accept appointment where the vacancy exists.

Both men and women, if qualified, may enter these examinations, but appointing officers have the legal right to specify the sex desired in requesting certification of eligibles.

The duties of bacteriologists will require ability to identify the ordinary pathogenic microorganisms; to make and preferably interpret sections of pathologic tissues; to make examinations and analyses of water, milk, urine, stomach contents, and body fluids; to make blood counts and do complement fixation tests.

Associate bacteriologists must have familiarity with most of the preceding technique and capacity to learn any of it.

Assistant bacteriologists must have familiarity with staining, culture making, bacteriologic diagnosis of infectious diseases, urinalysis, alkalis, and capacity for development.

The duties of junior bacteriologists and junior bacteriologists, part time, require qualifications similar to those of assistant bacteriologists. In a slightly lesser degree.

Competitors will be rated upon the sworn statements in their applications and upon corroborative evidence.

Applicants for the examination for bacteriologist must be graduates from a college or university of recognized standing in a course including biology and bacteriology, and have had at least two years' post-graduate experience in practical bacteriologic methods.

Applicants for the examination for junior bacteriologist must have graduated from a four years' high-school course or completed a course of study equivalent to that required for such graduation; and have

had at least one year's experience in practical bacteriologic and clinical laboratory methods.

Ability to do a satisfactory Wassermann reaction is absolutely necessary for any of these positions, and applicants must submit satisfactory evidence as to their ability in this respect.

Applicants must have reached their eighteenth birthday on the date of making oath to the application, and must be in good physical condition. The medical certificate in the application form must be executed.

Applicants must submit with their applications their unmounted photographs, taken within two years, with their names written thereon. Proofs or group photographs will not be accepted. Photographs will not be returned to applicants.

Applicants will be admitted to these examinations regardless of their residence and domicile; but only those who have been actually domiciled in the State or Territory in which they reside for at least one year previous to the date of making oath to the application, and who have the county officer's certificate in the application form executed may become eligible for permanent appointment to the apportioned service in Washington, D. C.

These examinations are open to all citizens of the United States who meet the requirements.

NOTICES.

THE TWENTY-EGHTH ANNUAL MEETING OF THE ASSOCIATION OF MILITARY SURGEONS OF THE UNITED STATES.—The twenty-eighth annual meeting of The Association of Military Surgeons of the United States will be held at New Orleans, La., April 22 to 24, with headquarters at the Hotel Grunewald.

Three sessions daily will be held and at these addresses on pertinent topics will be made and discussed by members of the Association. In spite of the name of the Association, the topics dealt with will not be confined absolutely to the field of military surgery as the fact that a man has been in the service does not divorce him from the ordinary problems of the practice of medicine. This meeting occurs immediately prior to that of the American Medical Association on the twenty-sixth, and it is hoped that many of those who expect to attend the latter meeting may arrange their plans so as to take in our meeting as well.

It is desired to invite attention to a fact which is not generally understood by medical men of the country, that practitioners in medicine are welcome at any of the sessions of the Association even though they be not members themselves. It is the desire of the Association to have the medical profession of the country conversant with the work which is being done by The Association of Military Surgeons and we feel that in this way they may very readily become acquainted with it.

Any further information relative to this meeting may be obtained by Addressing the Secretary, Army Medical Museum, Washington, D. C.

AMERICAN PROCTOLOGIC SOCIETY.—The twenty-first annual meeting of the American Proctologic Society will be held at Memphis, Tenn., on April 22 and 23, 1920, with headquarters at the Hotel Grayson. Clinics will be held at the Memphis General Hospital, the Baptist Memorial Hospital, and the University of Tennessee. The following addresses will be included in the program:

- Annual Presidential Address: "Coöperation and Co-ordination," Collier F. Martin, Philadelphia, Pa.
1. "Post-operative Treatment of Fistula, with Special Reference to the Use of Gutta-Percha Tissue," Alfred J. Zobel, San Francisco, Cal.
 2. "Some Aids in the Record Keeping of Ano-Rectal Cases," Ralph W. Jackson, Fall River, Mass.

3. "Standardization of Hemorrhoid Operations," Louis J. Hirschman, Detroit, Mich.
4. "Personal Experience in the Treatment of Internal Hemorrhoids," Alois B. Graham, Indianapolis, Ind.
5. "A Virulent Infection of the Colon by the Colon Bacillus," Jerome M. Lynch, New York, N. Y.
6. "Pleuro-Colonic Fistula," Frank C. Yeomans, New York, N. Y.
7. "Reflexes Due to Rectal Diseases," William M. Beach, Pittsburgh, Pa.
8. "Pre-operative Treatment in Rectal Surgery," William H. Stauffer, St. Louis, Mo.
9. "Local Pain and Other Symptoms Associated with Infections of the Anal Tissues," Granville S. Hanes, Louisville, Ky.
10. "The Recto-Vaginal Septum in Proctology," Des-cum C. McKenney, Buffalo, N. Y.
11. "Disabilities Due to Intestinal and Rectal Diseases in the Young Soldier," William H. Axtell, Washington, D. C.

COMPLIMENTARY LUNCHEON TO GENERAL LEONARD WOOD.

The Class of 1883, Harvard Medical School, are to give a complimentary luncheon to General Leonard Wood at Symphony Hall, Boston, Tuesday, April 13, 12 to 2:30 p.m.; speakers, Dr. Henry Jackson, president of the class, who will preside; Dr. Alfred Worcester, president of the Massachusetts Medical Society, and General Leonard Wood.

Over 7,000 invitations have been sent out to all physicians of New England. As there are only 1,111 seats in the hall, it is the belief of the committee that the affair will be oversubscribed.

More complete notice of the event will be given in our next issue.

Tickets to luncheon are placed at \$4.00, with seats in balcony at \$1.00 each. All seats are sold only by subscription. Tables will seat 27 persons. Tables will be reserved for physicians desirous of sitting together. Tables will also be reserved for delegations from the various hospitals.

For further particulars inquire of the class secretary,

DR. SILAS HIRSHARD AYER,

318 Shawmut Ave., Boston, Mass.
Telephone, Back Bay 6723.

TRANSPORTATION TO MEETING OF AMERICAN MEDICAL ASSOCIATION, NEW ORLEANS, APRIL 26 TO 30.

The Travel Department of the American Express Company furnishes the following information:

Having had considerable difficulty in obtaining any information regarding hotel accommodations in New Orleans at the time of the medical convention in that city in April, we telegraphed to one of our representatives who happened to be arriving in New Orleans with one of our cruise steamers, and he has wired us that the entire hotel and boarding house situation has been placed in the hands of Dr. J. J. Wymer, care Maison Blanche Building, New Orleans.

The telegram also stated that sleeping cars could be parked for occupancy during the stay in New Orleans and that the city of New Orleans would care for lighting and sanitary conditions.

Owing to the prevailing strike of longshoremen in New York City on the various coastwise lines, there is absolutely no way of predicting what, if any, sailings there will be from New York by steamer to New Orleans in April; hence, the impossibility of figuring on the date of arrival in New Orleans if traveling by steamer.

The trip by rail from Boston to New Orleans can be made in about fifty-one (51) hours.